



# The Pharmacy Connection

A forum for pharmacy related news and updates for DMH programs

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## *A Message from the Medical Director, Roderick Shaner, M.D.*

Our DMH uninsured formulary decisions greatly influence clinical practice by enhancing or limiting access to certain medications. Because of this, DMH principles for formulary management should be clear to both DMH prescribers and DMH clients.

At DMH, for many years, we've chosen the following guiding principle:

Medications that are available without TAR on Medi-Cal will be available without TAR on our DMH uninsured formulary, with a few exceptions.

The reason for this principle is twofold. First, patients go back and forth between uninsured and Medi-Cal, so this principle ensures continuity of care. Second, it mitigates any appearance of arbitrary decision-making by our P&T Committee—if you've got a problem with our formulary, you've got a problem with Medi-Cal's. This has worked pretty well for many years.

The problems and resultant exceptions with the arrangement usually involve medications that are indeed on the Medi-Cal formulary, but not for mental health conditions. Anticonvulsants and antihypertensives are common examples. As many of us know, these medications are sometimes used by some for mental health problems, even though the efficacy isn't clear. Generally speaking, if there is no established mental health use for a medication on the Medi-Cal formulary, we do not include it in the DMH uninsured formulary.

A reasonable person might ask what great harm would ensue from putting these medications on the DMH uninsured formulary as well, assuming that the medication isn't costly. The concern is that placement of medications on an organization's formulary for specific uses strongly imply endorsement of the medication for those uses. This has major implications for both clinical standards and malpractice liability.

Prazosin is a current example. This medication, an alpha-adrenergic blocker whose main FDA-approved use is for treatment of hypertension, has been increasingly used to treat PTSD-associated sleep disturbance, especially nightmares. The use is based on positive results in a number of studies, although the efficacy has not been conclusively established and there is no overall consensus concerning its use. So the drug is not on our formulary, although it can be obtained through a TAR. When do we get rid of the TAR requirement for using a particular medication? Generally, we do this when the drug receives an FDA indication, or when our clinical expert groups strongly recommend that it be included as a first-line treatment.

To access previous bulletins, go to the DMH Pharmacy webpage: [http://dmh.lacounty.gov/wps/portal/dmh/clinical\\_tools/clinical\\_pharmacy](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_pharmacy)

